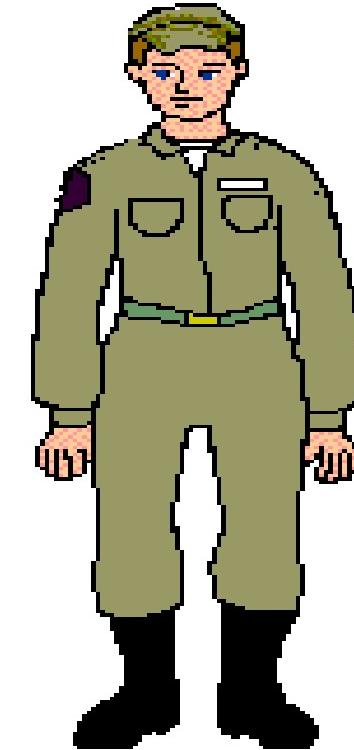




Armed Forces College of Medicine AFCM





The Gluteal Region I

By

Prof Azza Kamal

Intended Learning Outcomes



By the end of this lecture, each student should be able to:

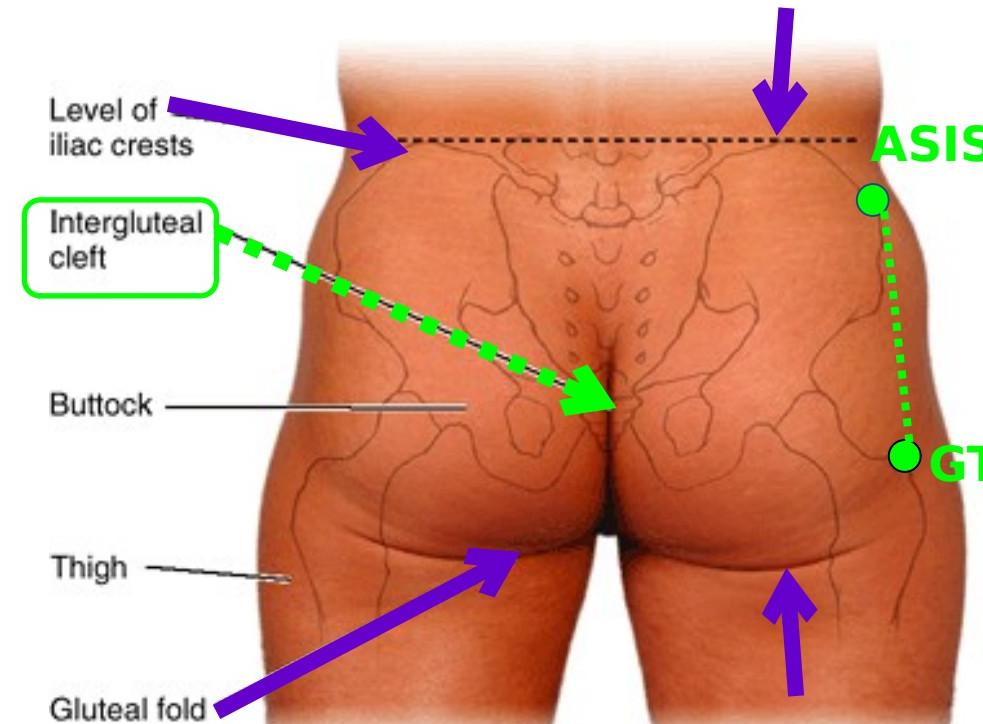
- 1) Define the gluteal region.**
- 2) Enumerate the cutaneous nerve supply of the four quadrants of this region.**
- 3) Describe the attachments, nerve supply and action of the three glutei & tensor fasciae latae .**
- 4) Describe the important role of glutei medius & minimus during walking .**
- 5) Comment on the effect of unilateral or bilateral paralysis of glutei medius and minimus.**
- 6) Demonstrate the safe site for giving IM injection in the gluteal region.**

KEY POINTS OF LECTURE

- 1) Attachment, nerve supply & action of:
 - a) Gluteus maximus
 - b) Gluteus medius
 - c) Gluteus minimus
 - d) Tensor fascialatae
- 2) Role of Gluteus medius & minimus during walking
- 3) Effect of unilateral & bilateral paralysis of Gluteus medius & minimus
- 4) Safe site for giving IM injection

Gluteal Region:

- It extends from the **iliac crest** above to the **gluteal fold** below
- & from the natal cleft (**intergluteal cleft**) medially to a line extending from **ASIS** to **Greater Trochanter**



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NB: gluteal fold is a skin fold at the junction between gluteal region & back of thigh.



Cutaneous nerves of the gluteal region

Upper & Anterior:
Subcostal (T12)

Iliohypogastric (L1)

Upper & Posterior:

Post rami of L1,2,3

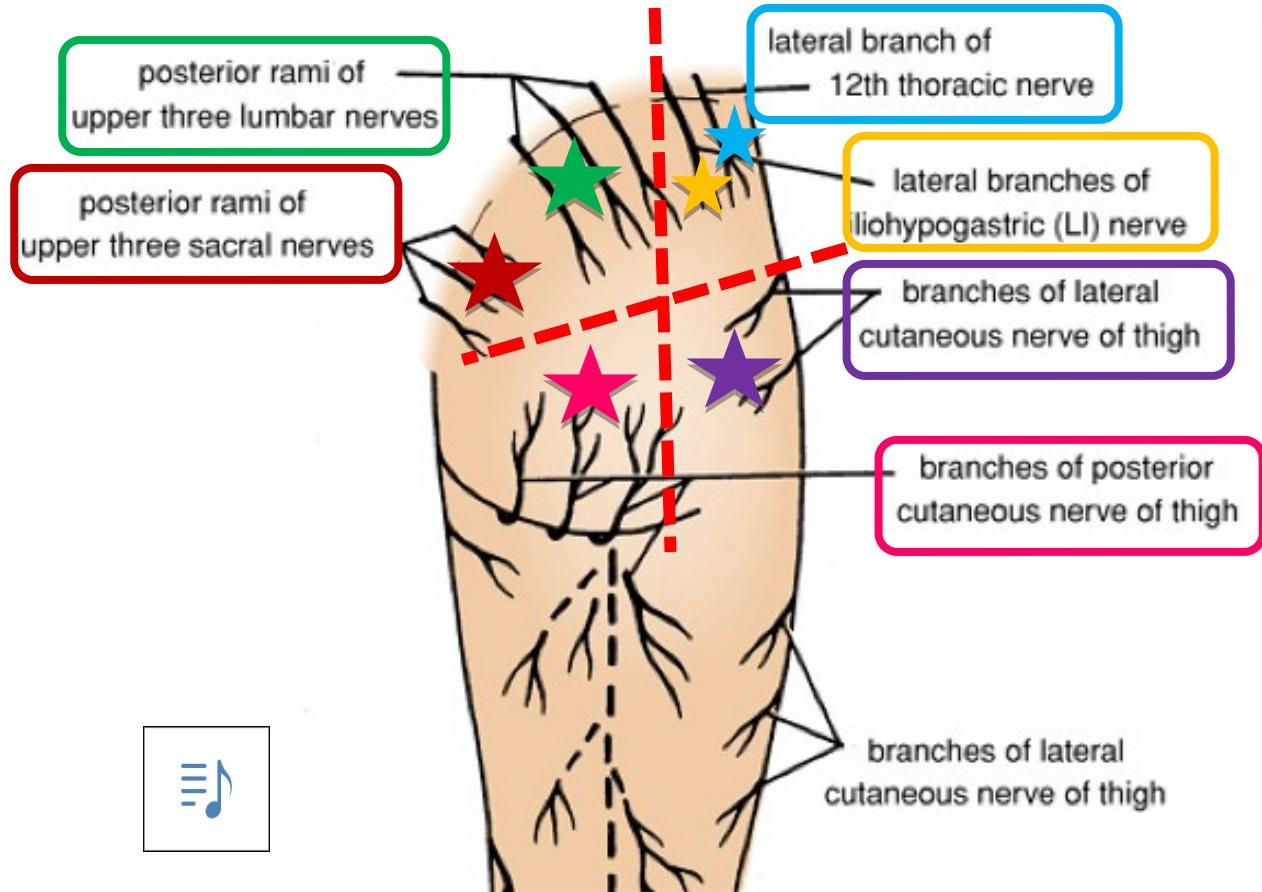
Post rami of S1,2,3

Lower & Anterior:

Lat.cut.n.of thigh L2,3

Lower & Posterior:

Post.cut.n.of thigh S1,2,3



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Muscles of the gluteal region

Large muscles

Glutei 3"

Small muscles

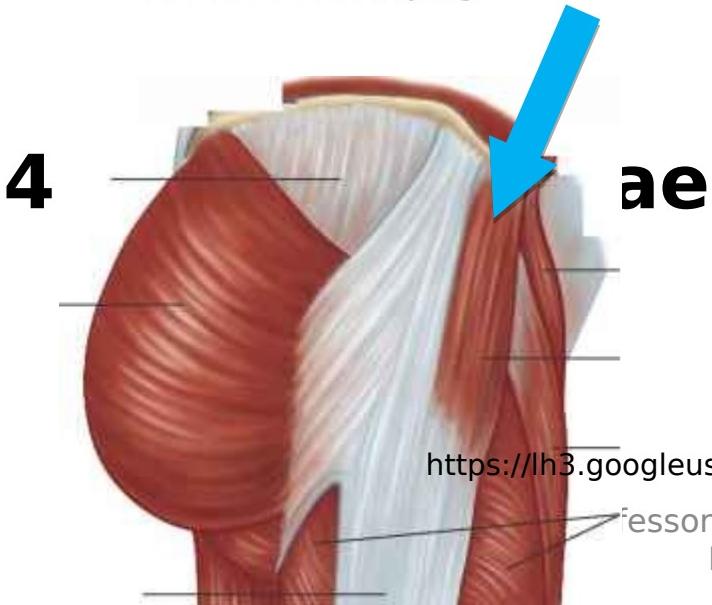
lateral 6"

All these muscles are supplied by nerves derived from sacral plexus

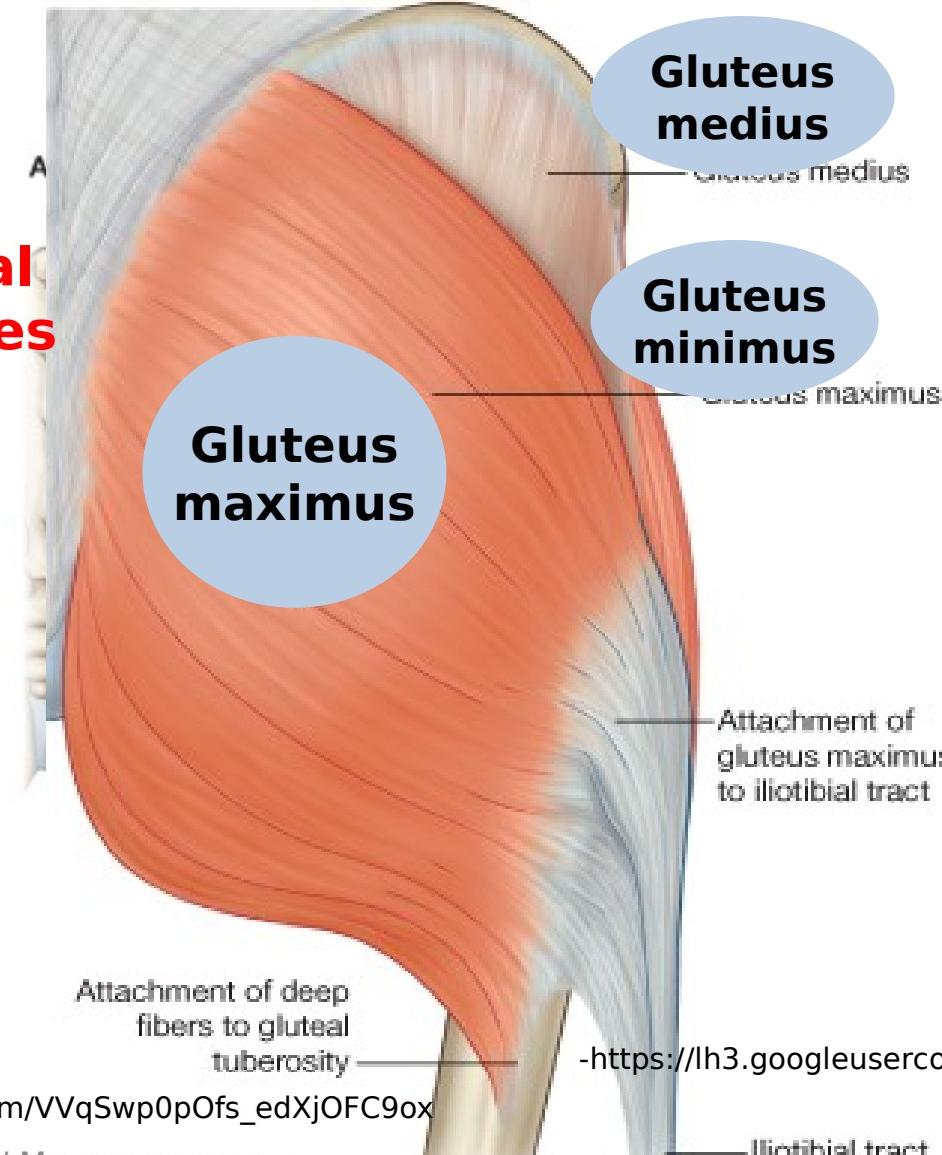
except one muscle which is supplied by a nerve from lumbar plexus

Large muscles of the gluteal region

1. **Gluteus maximus**
2. **Gluteus medius**
3. **Gluteus minimus**



3
Gluteal
muscles

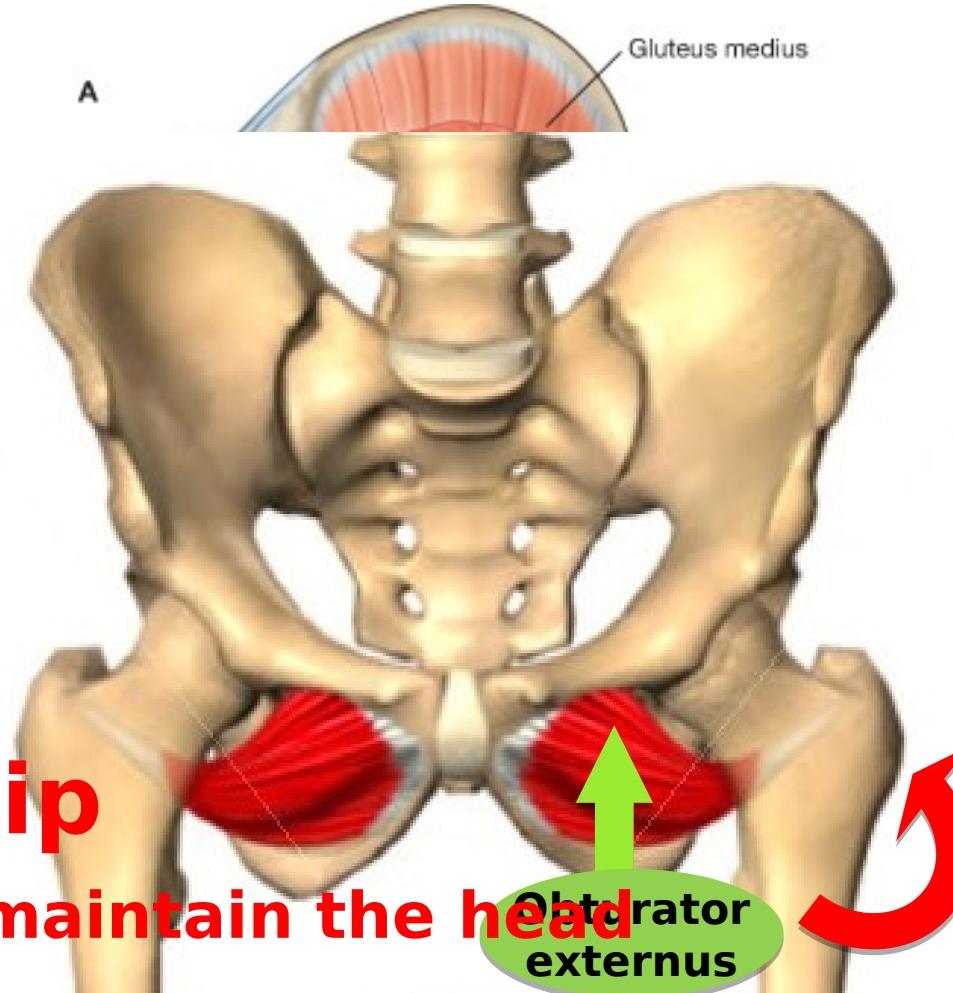


Small muscles of the gluteal region



1. **Piriformis**
2. **Obturator internus**
3. **Superior Gemellus**
4. **Inferior Gemellus**
5. **Quadratus femoris**
6. **Obturator externus**

6 lateral rotators of hip
They stabilize the hip joint (help to maintain the head of femur in the acetabulum)

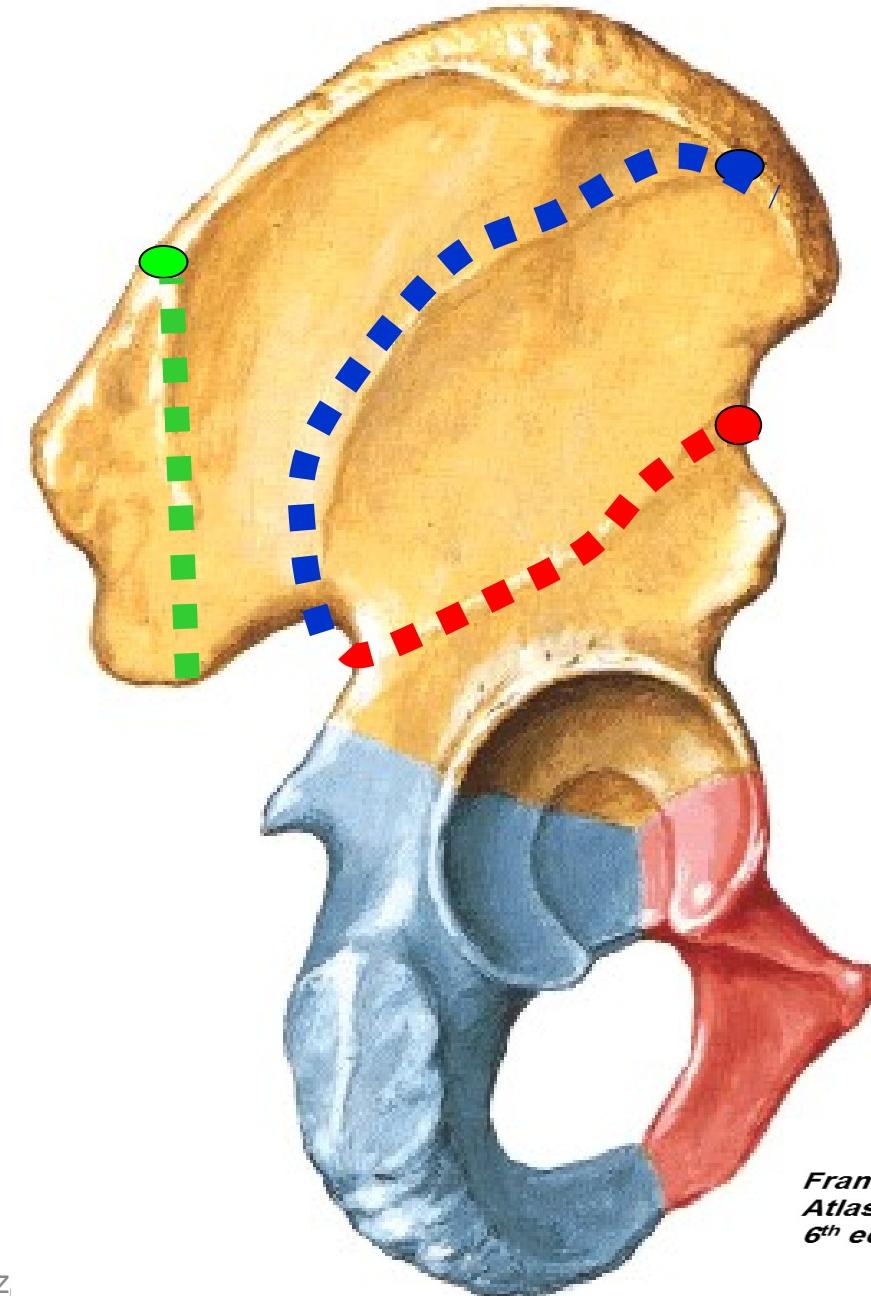


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- **Gluteal surface of ilium:**
- Divided into 4 areas by 3 gluteal lines

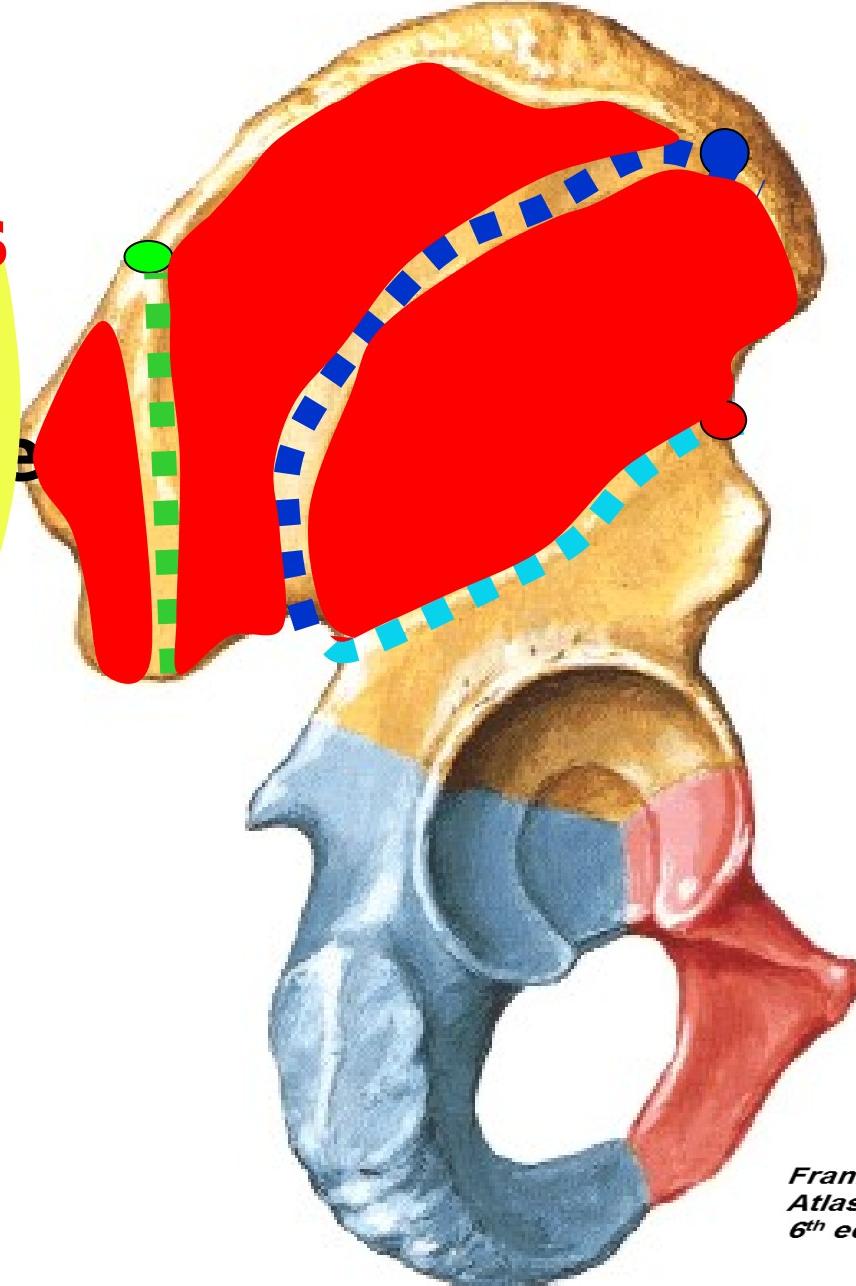
1. **Posterior gluteal line**
2. **Anterior gluteal line**
3. **Inferior gluteal line**



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**Origin of
gluteus minimus**

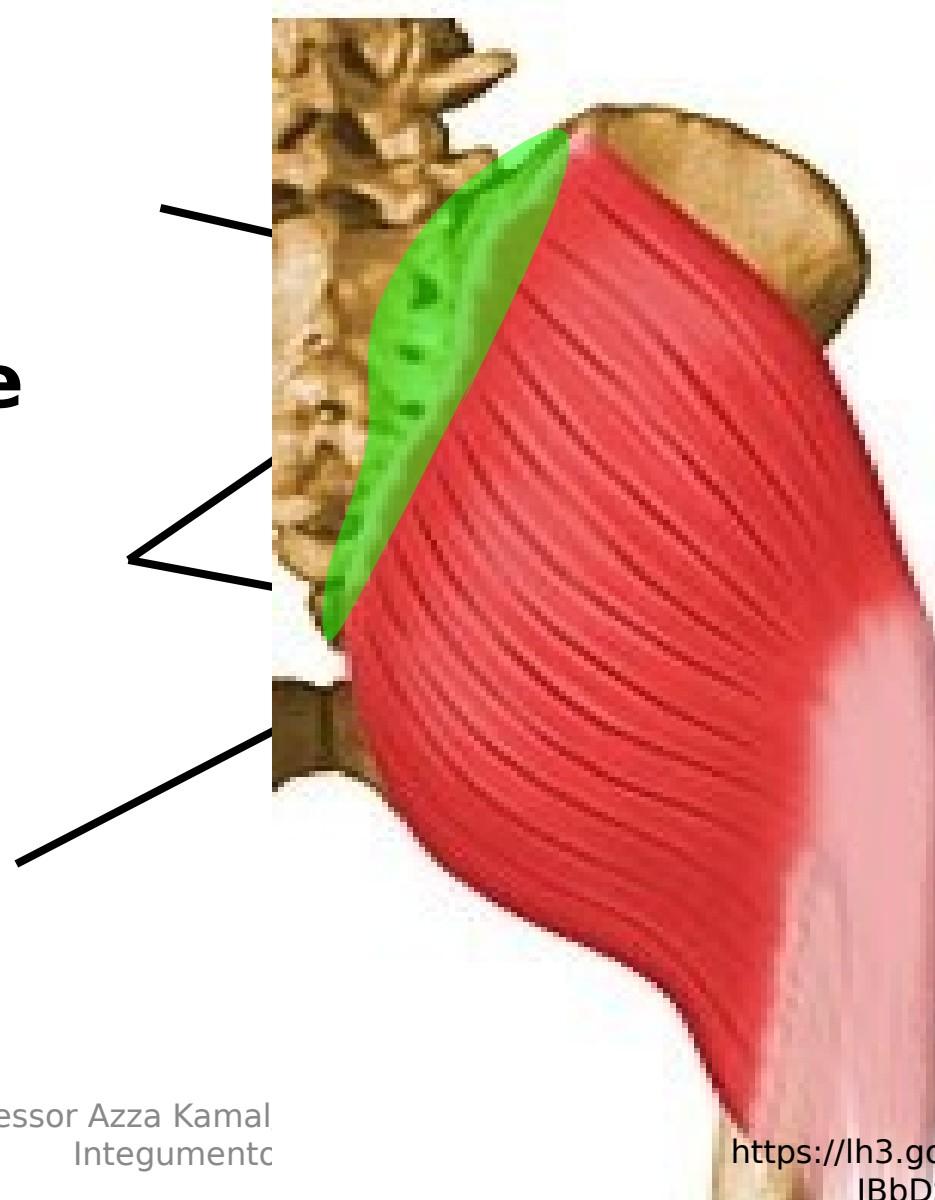
- between
anterior &
inferior gluteal
lines



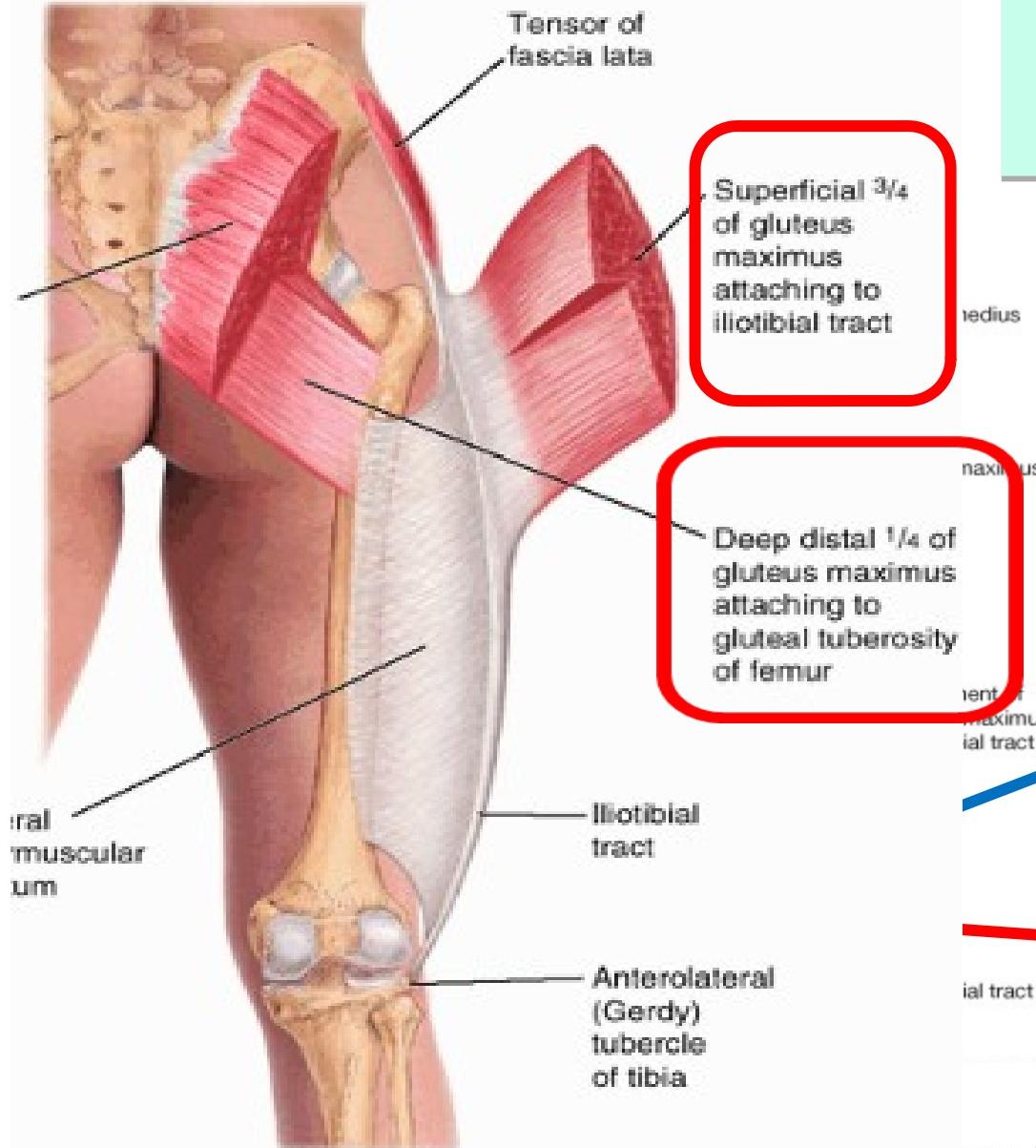
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Gluteus maximus

- **Origin** □
 - Gluteal surface of ilium behind posterior gluteal line
 - Back of sacrum & coccyx
 - Back of sacrotuberous ligament



Insertion of gluteus maximus



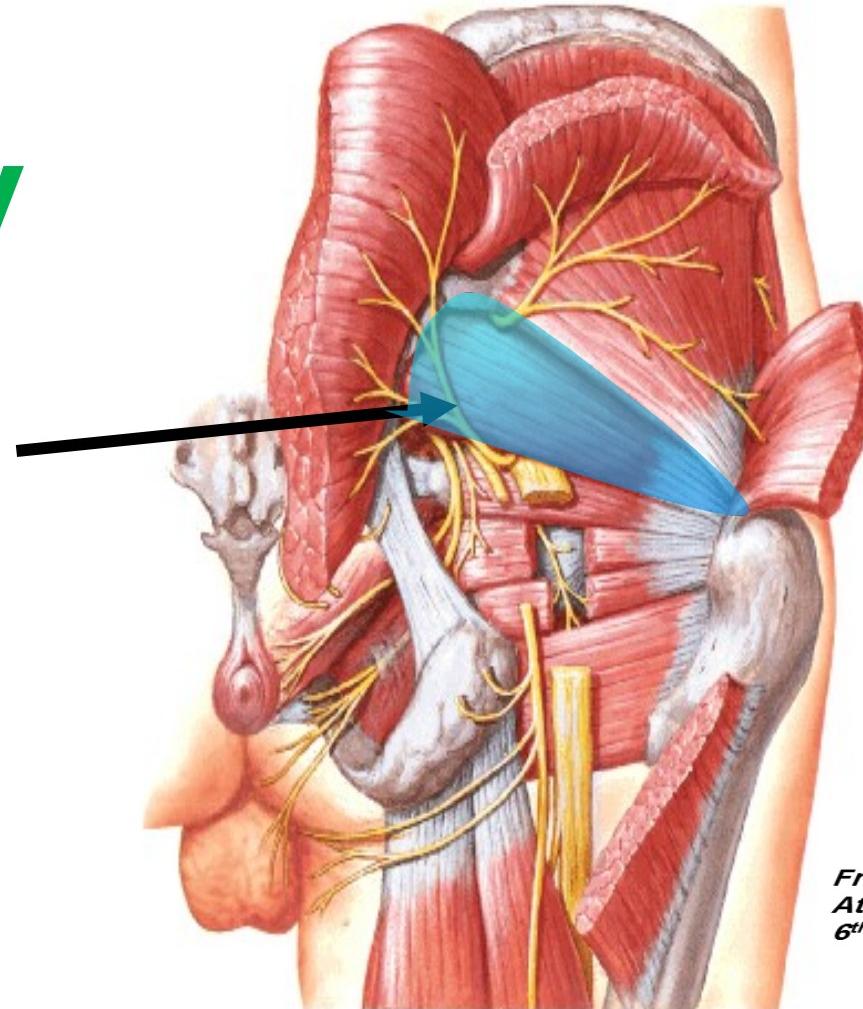
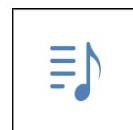
**Superficial 3/4 into
iliotibial tract**

**Deep 1/4 into gluteal
tuberosity**



Gluteus maximus

Nerve supply
Inferior
gluteal
nerve

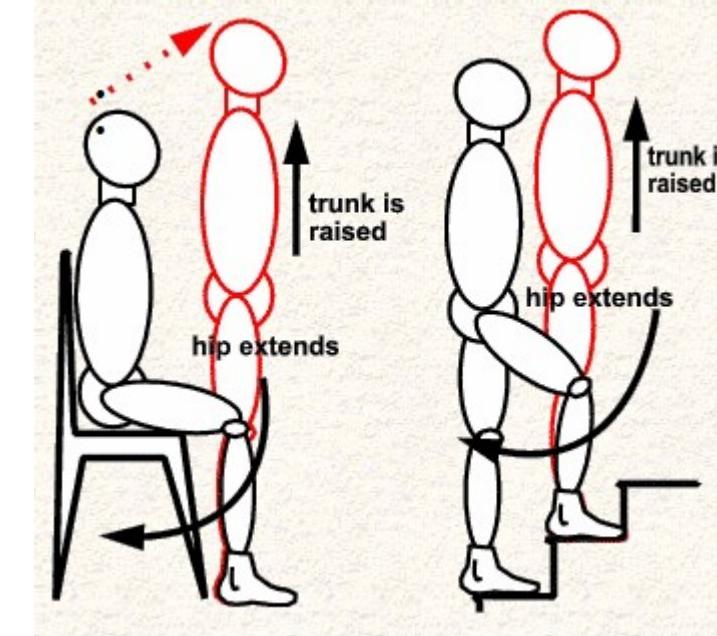


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Action of gluteus maximus



- The main & strongest **extensor** of the hip joint (essential in standing up from the sitting position, climbing up stairs and running)



- Assists in **lateral rotation** of the thigh
- Through its attachment to iliotibial tract, it **stabilizes** hip bone on femur & femur on tibia during standing to maintain the erect posture



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Professor Azza Ramal / Musculoskeletal
Integumentary System



Extension of the hip against resistance
(e.g. rising from sitting position)



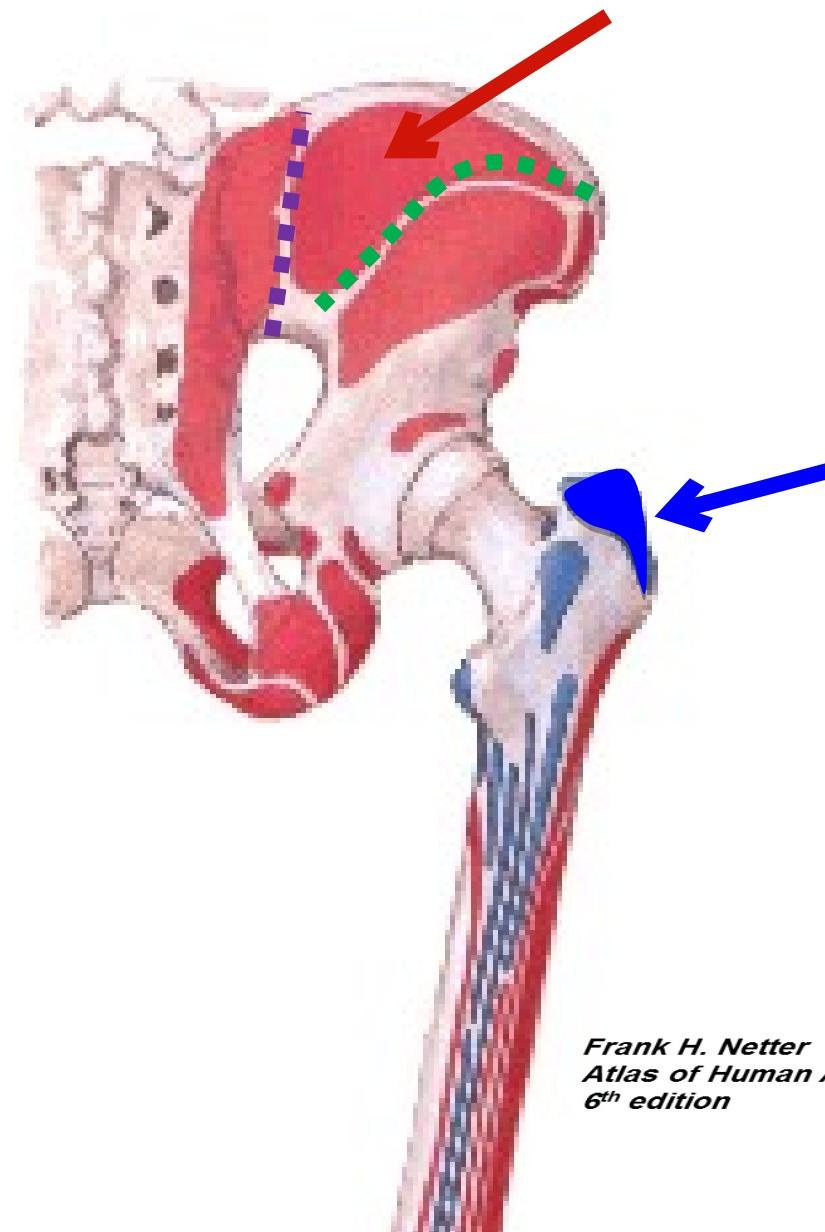
Extension of the hip against resistance

continuously active in strong lateral rotation of the thigh

Gluteus medius

- Origin □ gluteal surface of ilium, between anterior & posterior gluteal lines

- Insertion □ lateral surface of greater trochanter



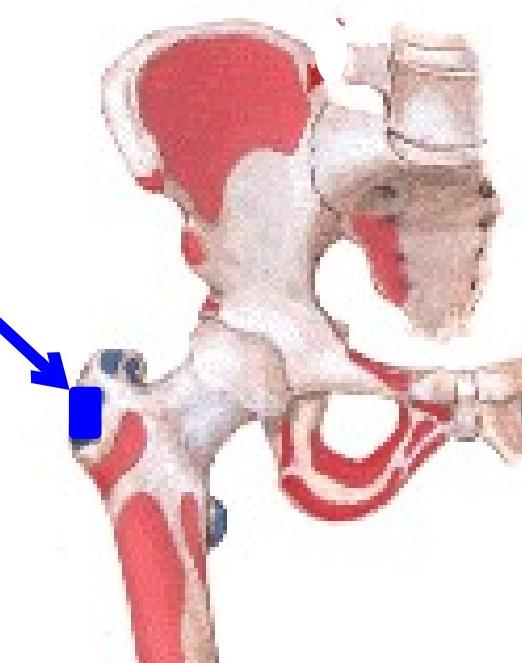
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Gluteus minimis

- **Origin** □ gluteal surface of ilium, between anterior & inferior gluteal lines



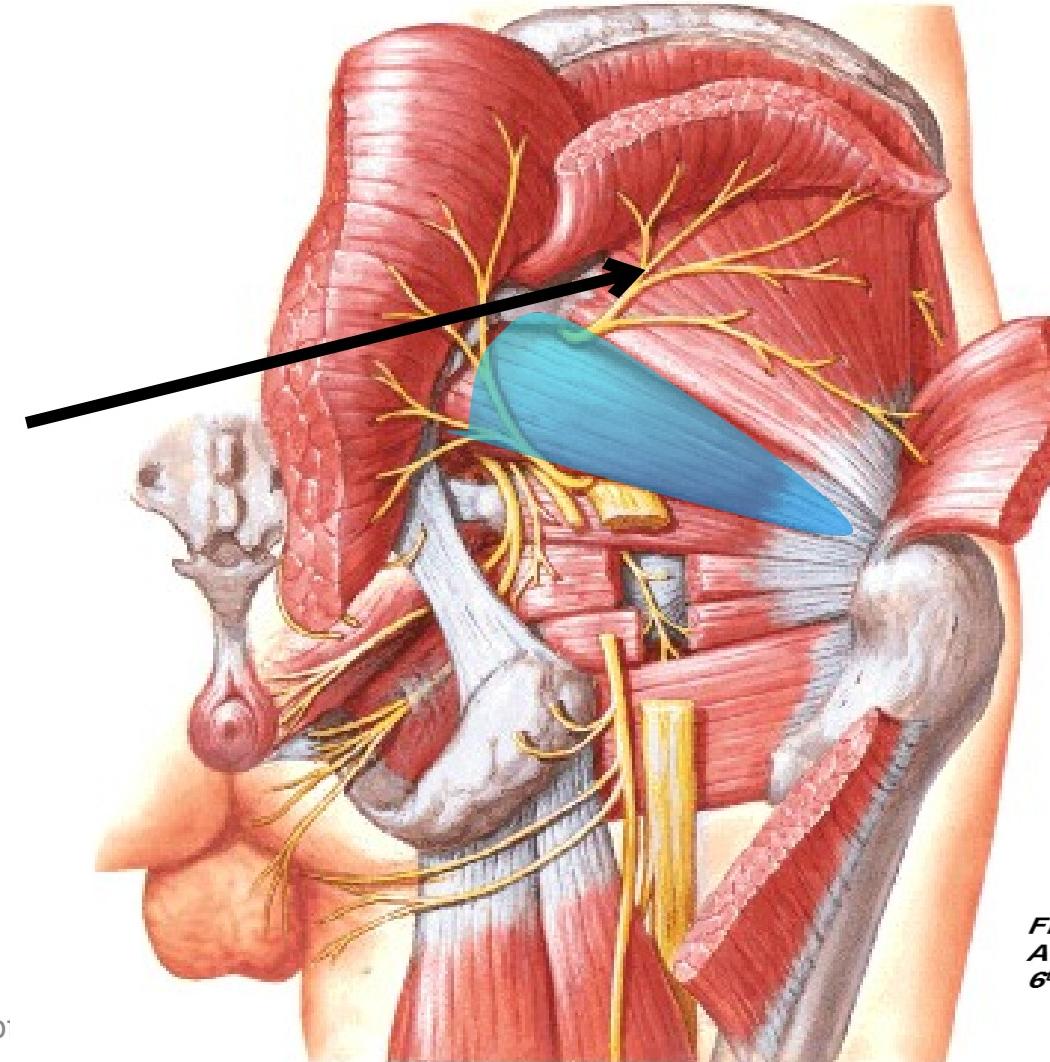
- **Insertion** □ front of greater trochanter



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Gluteus medius & minimus

- Nerve supply:
superior gluteal nerve



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Minimus



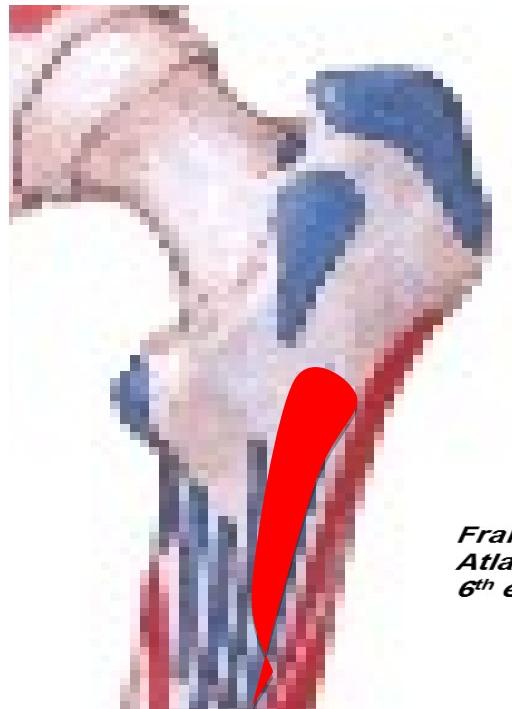
Medius



lateral &

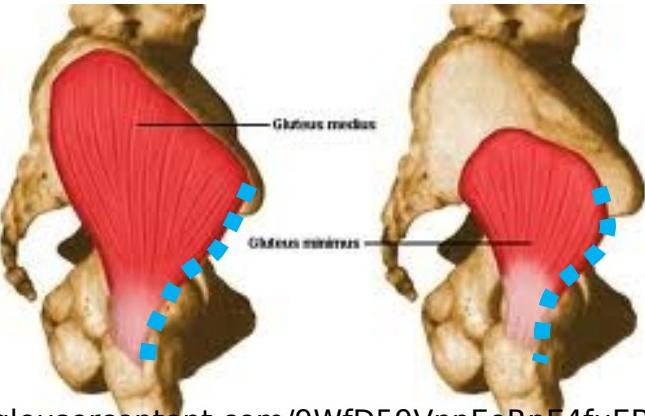


Maximus

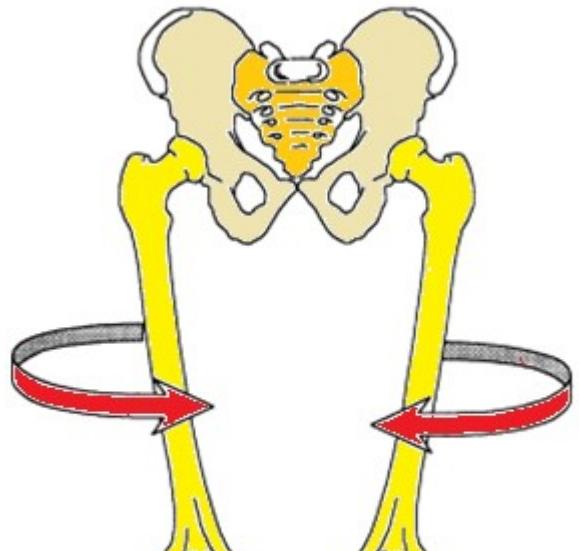


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Action of gluteus medius and minimus



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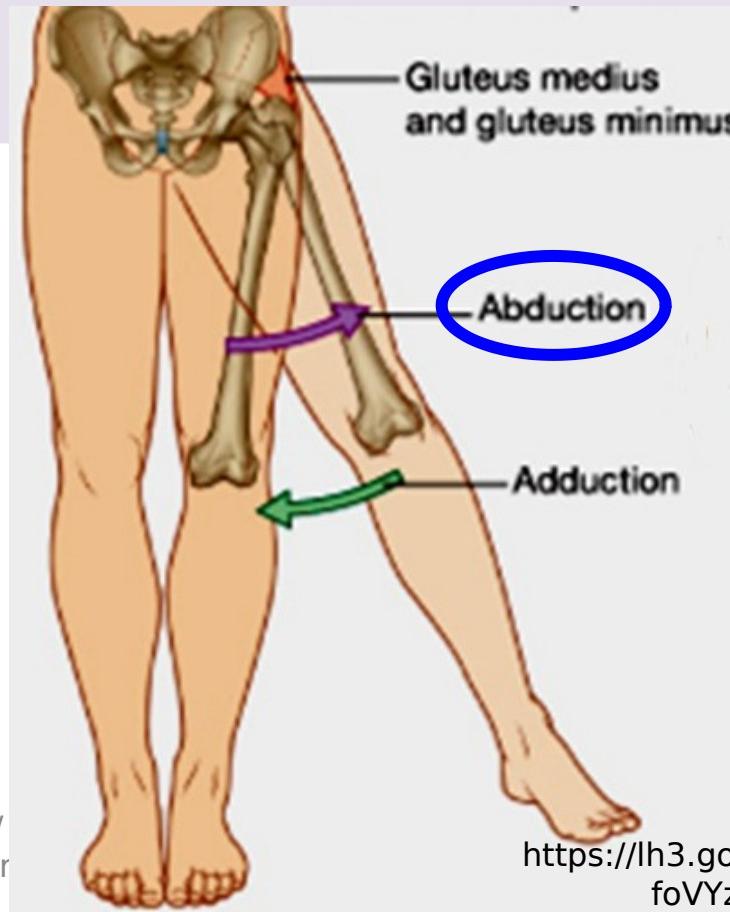


Their anterior fibers
are medial
rotators

6/11/24

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Main abductors of



Azza Kamal/
tegumentor

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Action of glutei medius & minimus

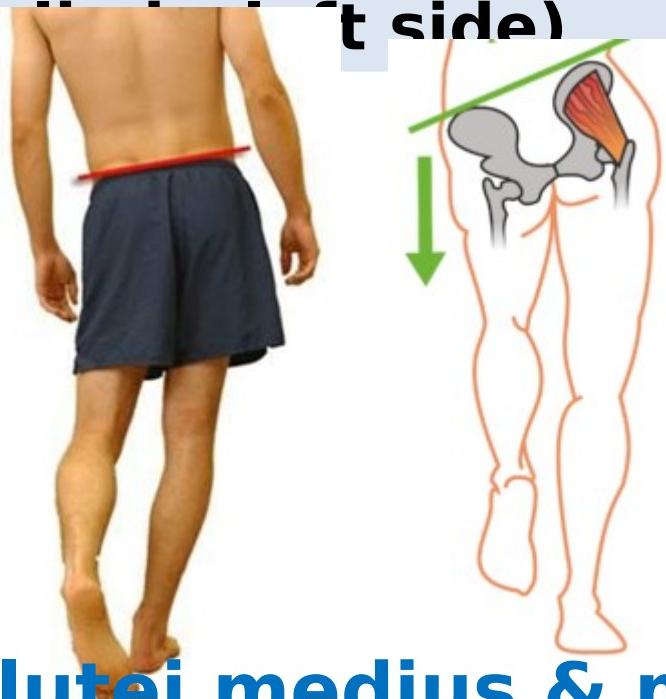


Powerful abductors of thigh

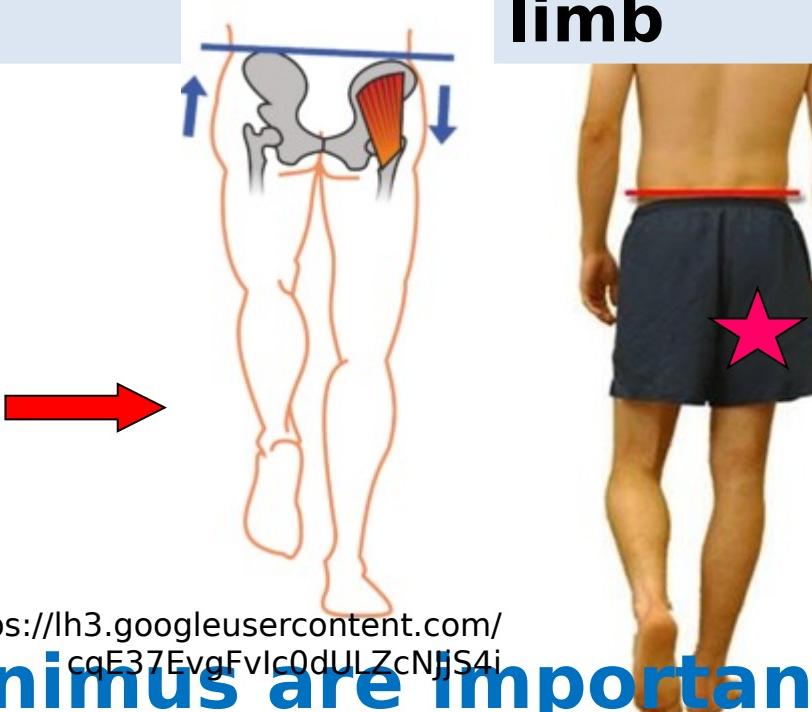


Action of glutei medius & minimus

In walking, gravity tends to tilt the pelvis and trunk to the unsupported side (raised limb - left side)



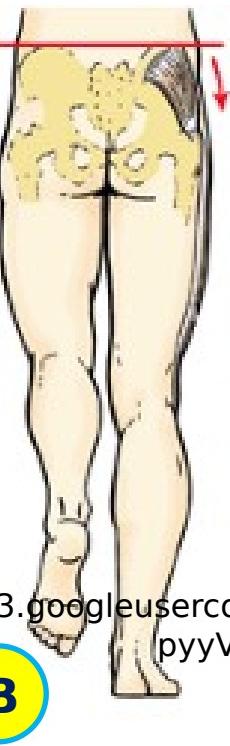
Glutei medius & minimus of the supporting side (right side) contract to prevent tilting of the pelvis to the unsupported limb



Glutei medius & minimus are important in each step during walking to maintain the balance of the pelvis

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Action of gluteus medius and minimus

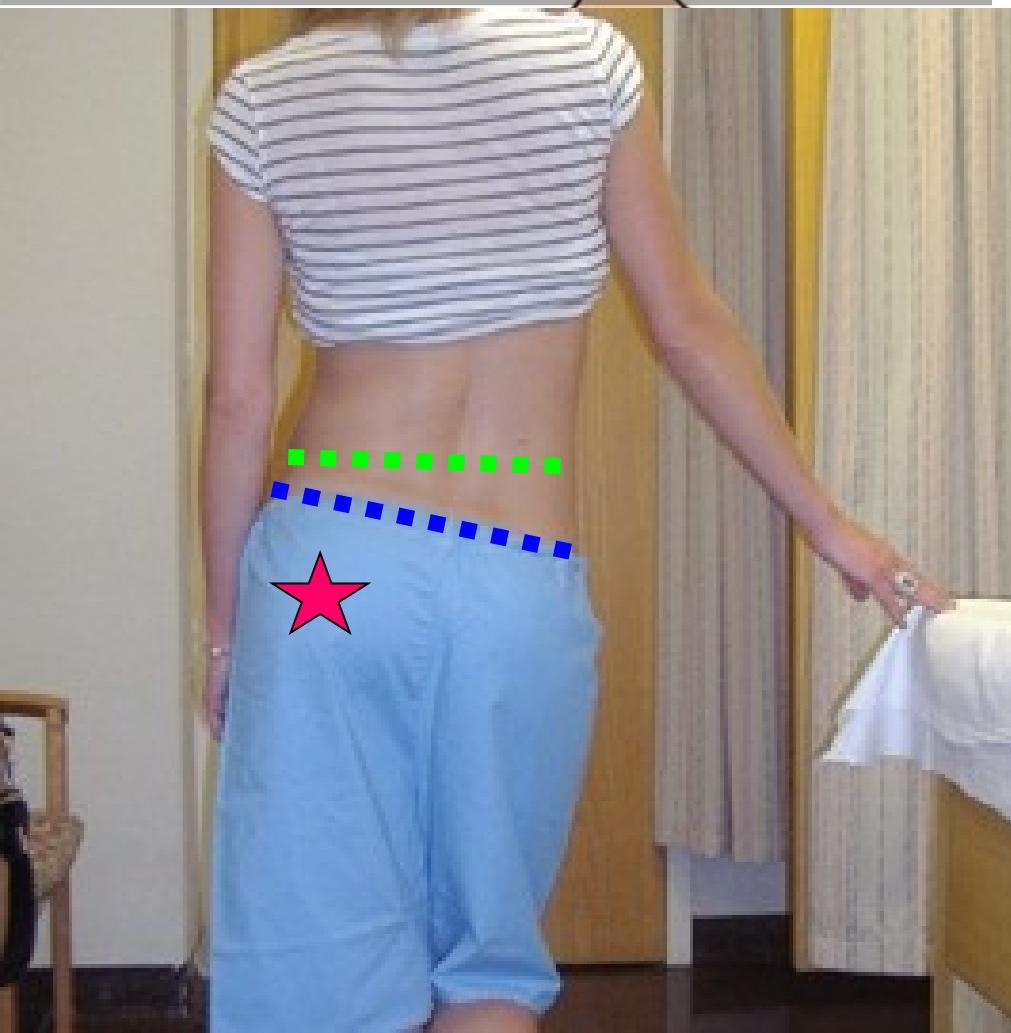


(A) When the weight is carried by both feet, the pelvis is evenly supported and does not tilt

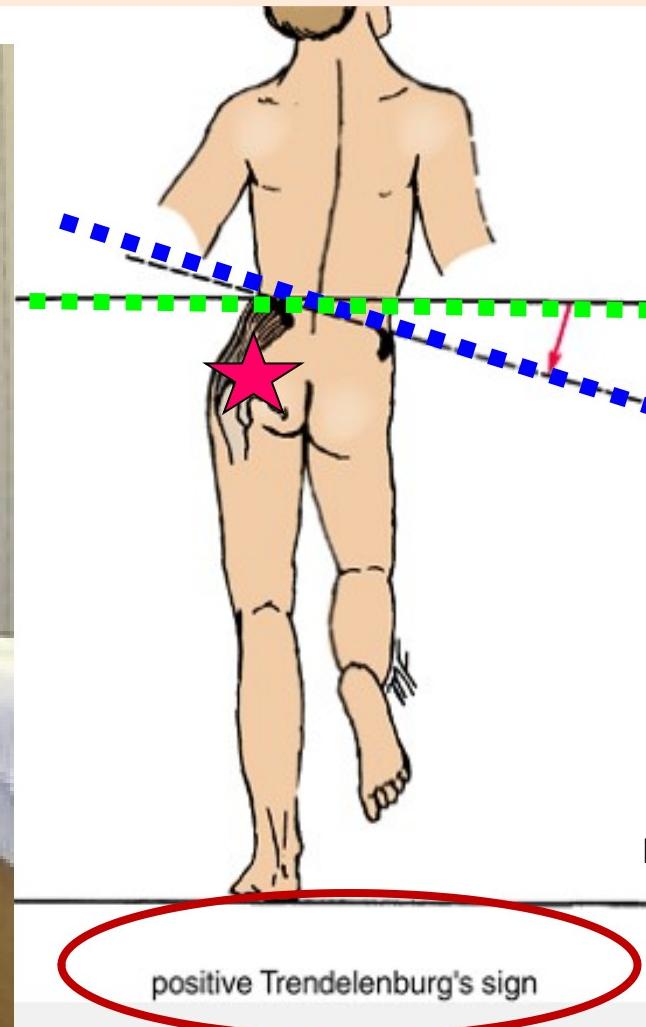
(B) When the weight is carried by the right lower limb, the muscles on the right side fix the pelvis so that it does not tilt to the unsupported left side.

(C) When the abductors on the right side are paralyzed (due to a lesion of the right superior gluteal nerve) fixation by these muscles is lost and the pelvis tilts to the unsupported left side (positive Trendelenburg)

Positive Trendelenburg's sign



Ask the patient to stand on the affected side (Lt side) the pelvis tilts to the normal unsupported side (Rt side) indicating a positive **TRENDELENBURG SIGN**



<https://lh3.googleusercontent.com/hPKIDGUzes3mODKfl5hG Ct>

Paralysis of the glutei medius & minimus due to injury of superior gluteal nerve leads to:



In case of unilateral paralysis

Lurching gait



The patient complains that when he stands on the injured side, the pelvis will tilt towards the normal side

In case of bilateral paralysis

Waddling gait



Waddling like a duck

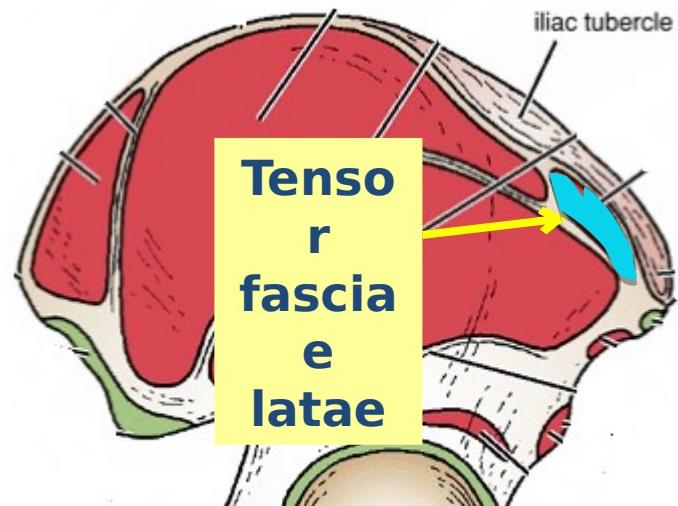
The patient complains that during walking the trunk is flexed from side to side with each step





Tensor fasciae latae

- **Origin** from anterior part of outer lip of iliac crest



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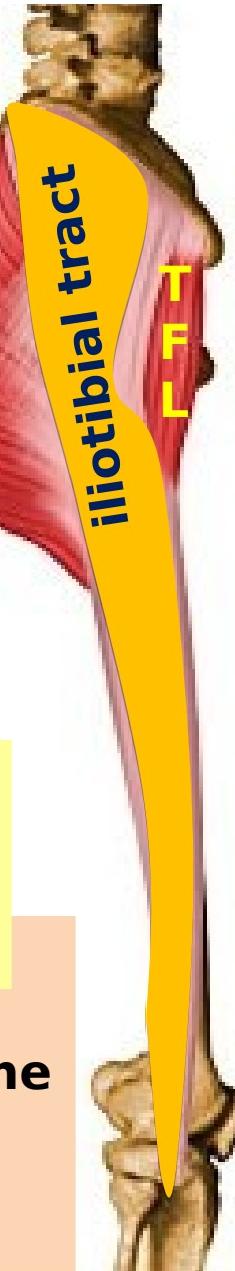
- **Insertion** into iliotibial tract, which attaches to lateral condyle of tibia

Nerve supply superior gluteal nerve

An nerve

1) Tightens the iliotibial tract to stabilize the hip bone on femur & the femur on tibia to maintain the erect posture.

2) Helps extending



**A 54 -year- old male presents with difficulty in walking.
When asked to stand on his left foot, his right hip tilts significantly downward .**

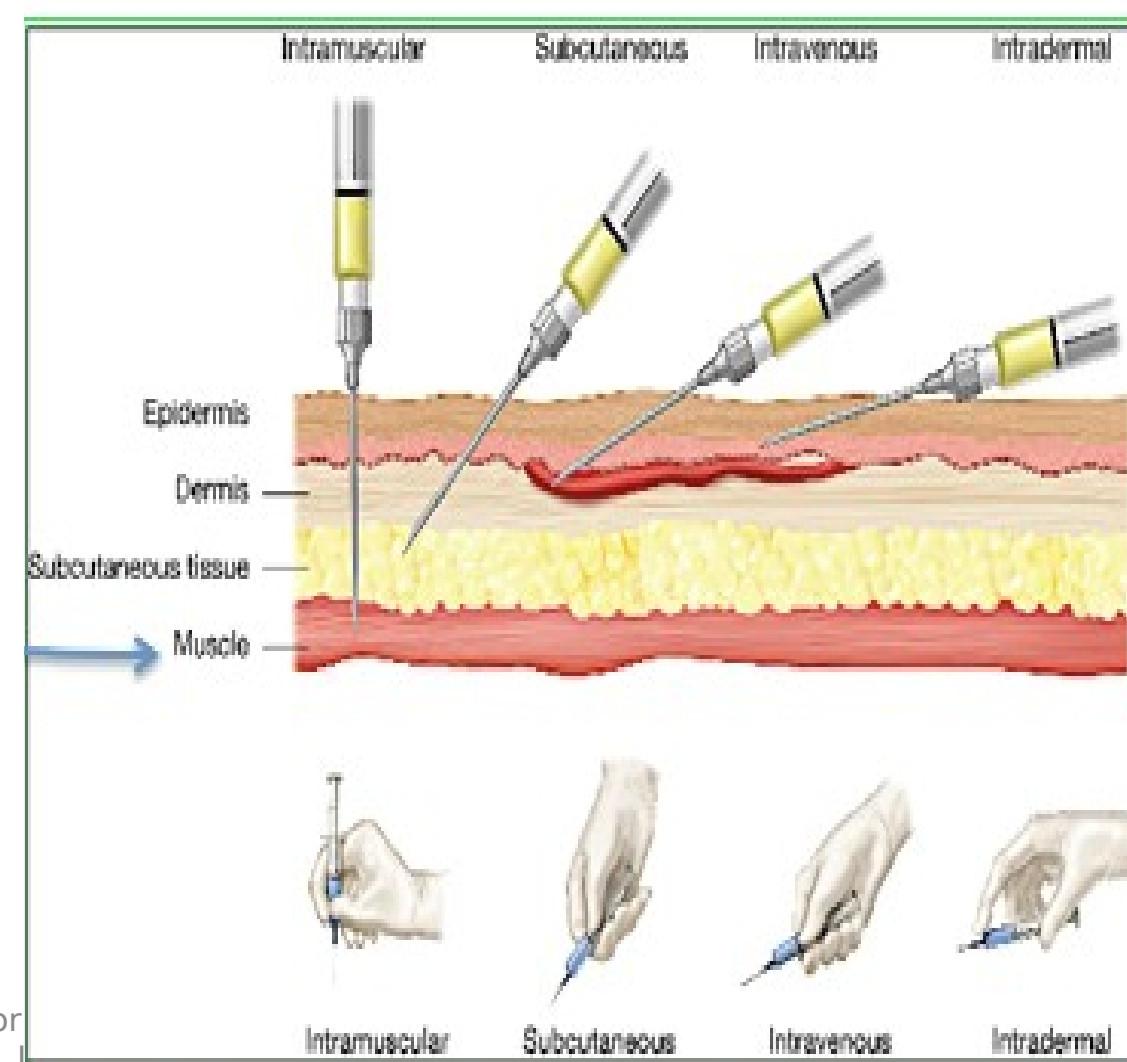
Which of the following nerves is the most likely injured?

- A. Left superior gluteal**
- B. Left inferior gluteal**
- C. Right superior gluteal**
- D. Right inferior gluteal**
- E. Sciatic**

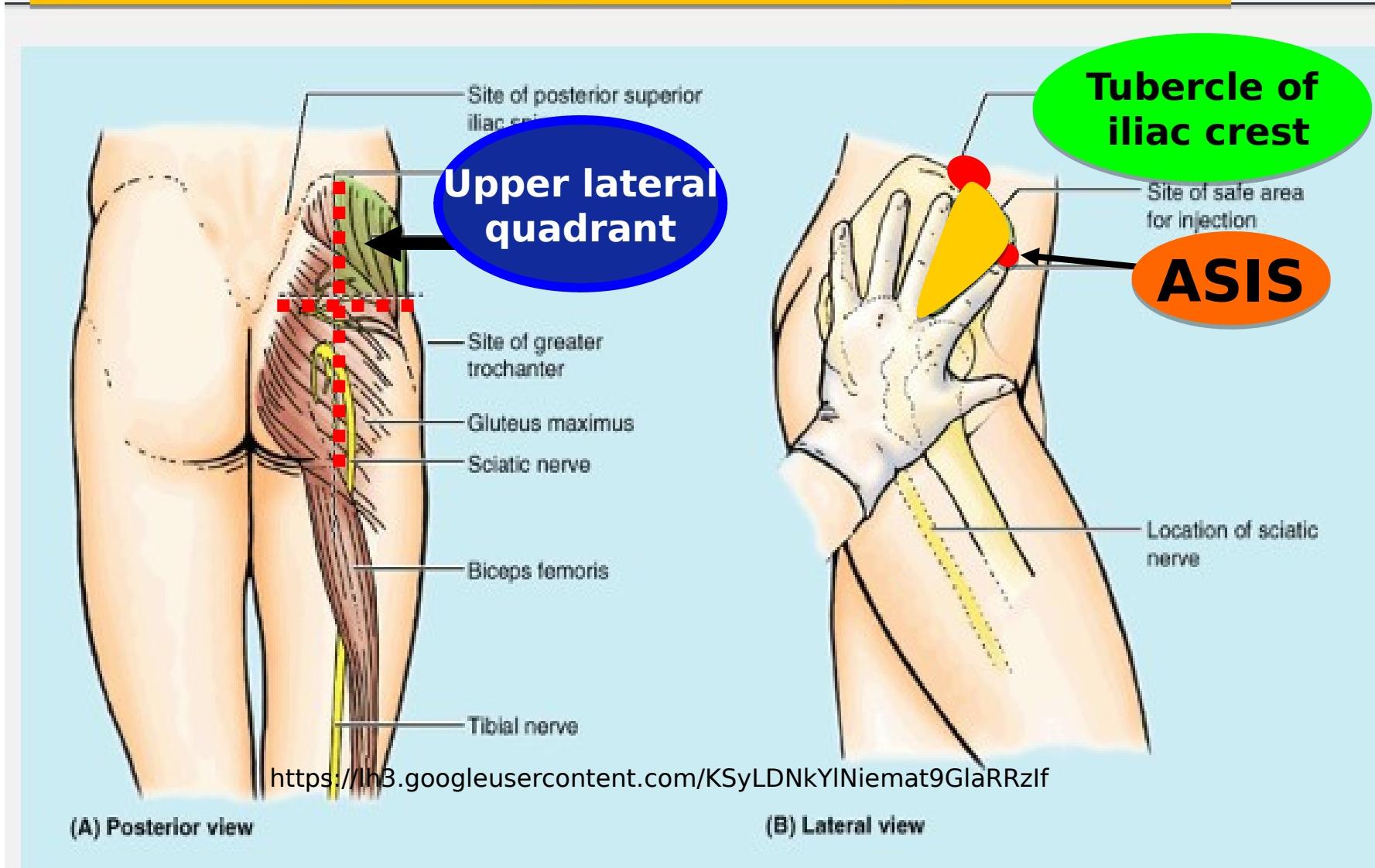


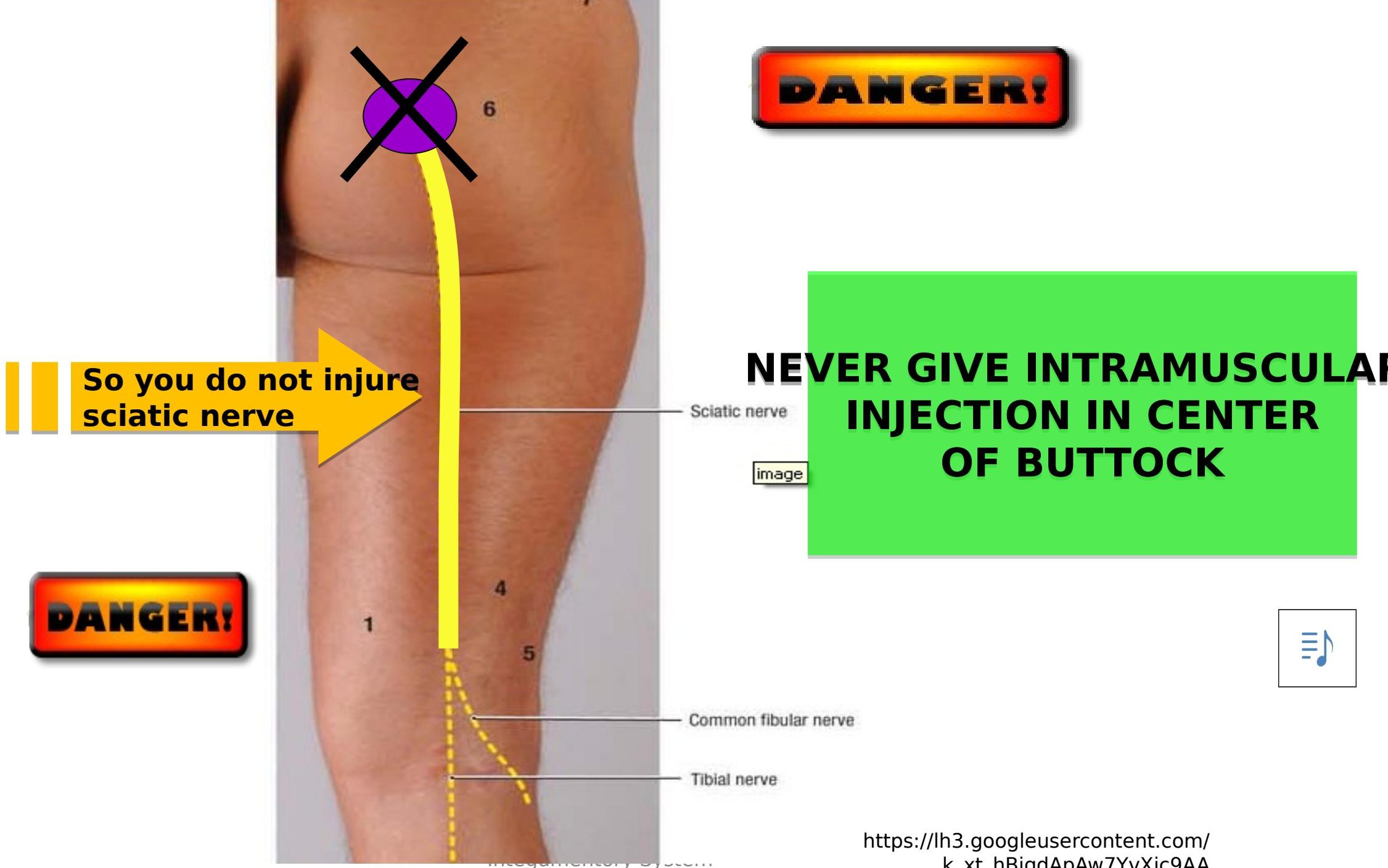
Applied anatomy

- Because of the rich vascularity of the glutei muscles, it is advisable to do a short aspiration before an intramuscular injection as the tip of the needle may unfortunately lie inside the lumen of a blood vessel.



Safe site for intramuscular injection in gluteal region ☐ upper lateral quadrant

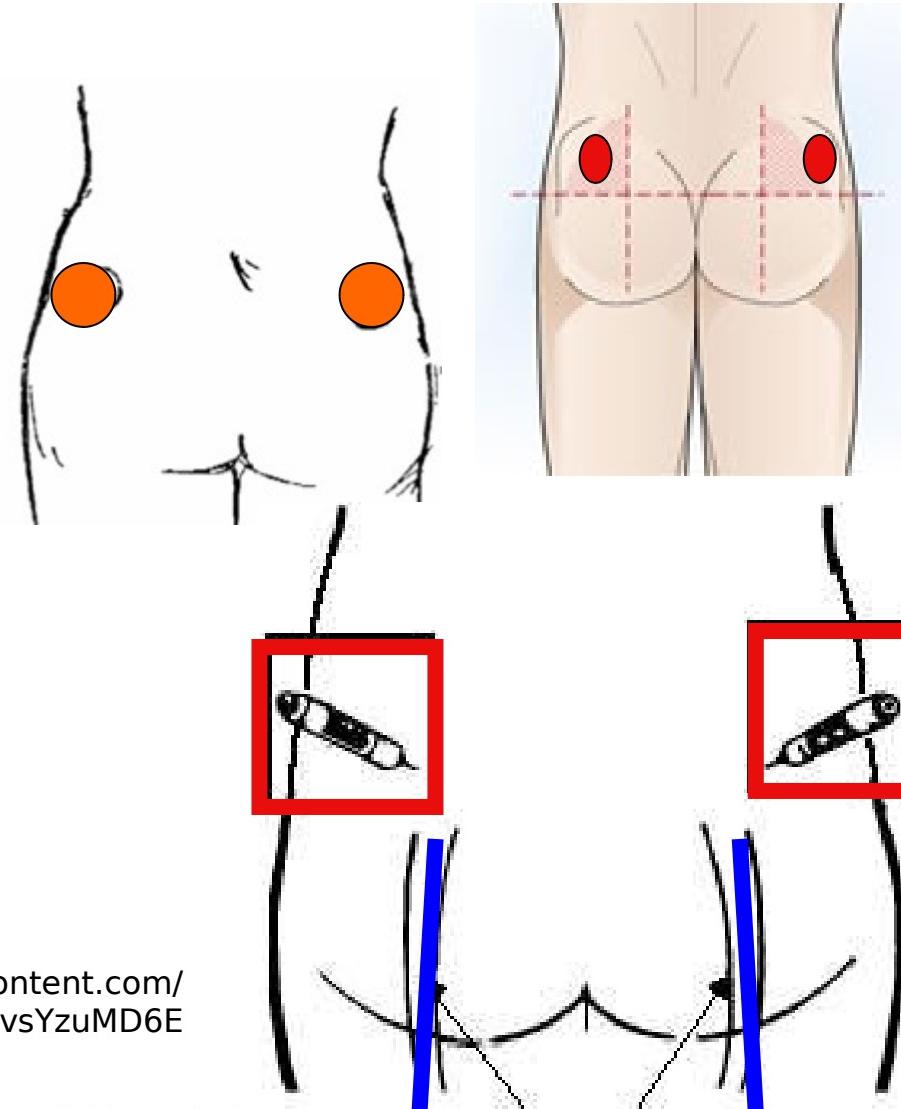
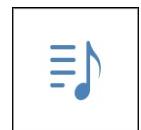




Safest site for intramuscular injection

- Superolateral part of buttock

- Avoid medial side of buttock so as not to injure the sciatic nerve



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Which of the following quadrants is considered as a safe site for giving an IM injection in the gluteal region

- A.Upper medial
- B.Upper lateral
- C.Lower medial
- D.Lower lateral
- E.Center of buttock



:Suggested Textbook

Clinical Anatomy for Medical Students
Richard S. Snell/ Third Edition
Pages: 569-572, 678, 688